

**STATE OF NEW JERSEY
DIVISION OF TAXATION**

Application Required by
NJ Motor Fuel Tax Law

MOTOR FUEL TAX

PO BOX 189

Trenton, New Jersey 08695-0189

APPLICATION FOR SELLER - USER'S LICENSE

Complete this application to request a Seller-User's License which is needed whenever "special fuels" (diesel, kerosene, LP gas, #2 fuel oil, home heating oil, etc.) are purchased or sold within the State of New Jersey. This license is for a period of three (3) years. A payment of the fee of \$150.00 must accompany this application. There is no fee to holders of New Jersey Motor Fuel Retail Dealer, Wholesale Dealer or Distributor Licenses. In general, every Seller-User's license is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID # <input type="text"/>	OR Soc. Sec. # of Owner <input type="text"/>	
2. Name _____ <small>(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))</small>		
3. Trade Name _____		
4. Business Location:		5. Mailing Name and Address - (if different from business address)
Street _____		Name _____
City _____ State <input type="text"/>		Street _____
Zip Code <input type="text"/> <small>(Give 9-digit Zip)</small>		City _____ State <input type="text"/>
		Zip Code <input type="text"/> <small>(Give 9-digit Zip)</small>
4a. Business Location: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		
4b. If leased please provide name and address of owner:		
Name _____		
Address _____		
6. Beginning Date for this business in New Jersey _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;">MonthDayYear</div>		
7. Type of Ownership (check one):		
<input type="checkbox"/> NJ Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Out-of-State Corporation <input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Other - explain _____		
8. Telephone Numbers: Contact Person _____ Title _____		
Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____		
9. IF A CORPORATION, complete the following:		
Date of Incorp. _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;">MonthDayYear</div>		State of Incorp. <input type="text"/>
10. Provide the following information for ALL owners, partners or responsible corporate officers. (If more space is needed, attach rider).		

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER TITLE	HOME ADDRESS (Street, City, Zip)	% OWNED

NOTE: On a separate sheet of paper provide the name of stockholders owing 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates _____

12. Give name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept _____

13. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

NOTE: Question 13 must be completed by out-of-state businesses

